

REQUEST FOR QUOTATIONS
(THIS IS NOT AN ORDER)

This Notice of Small Business-Small-Purchase Set-Aside on the reverse of this form is not applicable.

Attachment 1

PAGE OF PAGES
1 1

REQUEST NO. DE-RQ01-04ME90001	DATE ISSUED June 16,2004	18. REQUISITION/PURCHASE REQUEST NO. 01-04ME90001.000	18. CERT. FOR NAT.DEF. UNDER BDSA REG.2 AND/OR DMS REG. 1 ⇒	RATING
----------------------------------	-----------------------------	--	--	--------

5A. ISSUED BY U.S. Department of Energy Office of Headquarters Procurement Services, ME-641.2 1000 Independence Avenue, SW Washington, D.C. 20585	6. DELIVER BY (Date)
	7. DELIVERY

5B. FOR INFORMATION CALL: (Name and telephone no.) (No collect calls) Debbie Draper (202) 287-1437	<input checked="" type="checkbox"/> FOB DESTINATION <input type="checkbox"/> OTHER (See Schedule)
---	---

TO: NAME AND ADDRESS, INCLUDING ZIP CODE PROSPECTIVE OFFERORS	9. DESTINATION (Consignee and address, including Zip Code) Washington, DC Metropolitan Area
--	--

10. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE (Date) July 19, 2004 NOT LATER THAN 2:00 PM LOCAL TIME	11. BUSINESS CLASSIFICATION (Check appropriate boxes) <input type="checkbox"/> EMERGING <input type="checkbox"/> SMALL <input type="checkbox"/> OTHER THAN SMALL <input type="checkbox"/> DISADVANTAGE <input type="checkbox"/> WOMEN-OWNED
--	---

IMPORTANT: This is a request for information, and quotations furnished are not offers. If you are unable to quote please so indicate on this form and return it. This request does not commit the Government to pay any costs incurred in the preparation of the submission of this quotation or to contract for supplies or services. Supplies are of domestic origin unless otherwise indicated by quoter. Any representations and/or certifications attached to this Request for Quotations must be completed by the quoter.

12. SCHEDULE (Include applicable Federal, State and Local taxes)

ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)
	Provide the U.S. Department of Energy (DOE) with logistics services in accordance with the attached Performance Work Statement in the Washington, DC, Germantown, MD and Albany OR.				
TOTAL OFFERED PRICE (FROM PRICING MATRIX ALL YEARS)					\$ _____

13. DISCOUNT FOR PROMPT PAYMENT ⇒	10 CALENDAR DAYS	20 CALENDAR DAYS	30 CALENDAR DAYS	CALENDAR DAYS
	%	%	%	%

NOTE: REVERSE MUST ALSO BE COMPLETED BY QUOTER.

14. NAME AND ADDRESS OF QUOTER (Street, City, County, State and ZIP Code)	15. SIGNATURE OF PERSON AUTHORIZED TO SIGN QUOTATION	16. DATE OF QUOTATION
	17. NAME AND TITLE OF SIGNER (Type or print)	18. TELEPHONE NO. (Include area code)